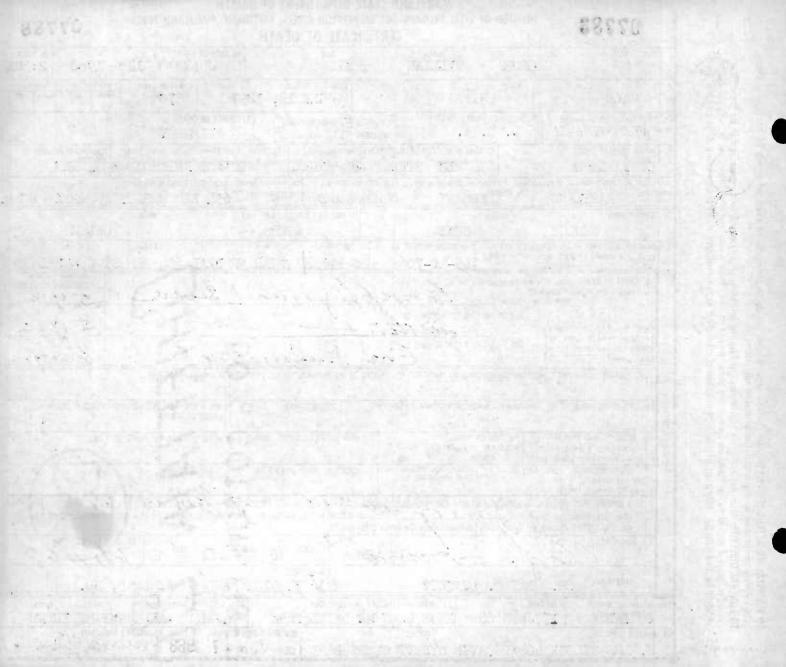
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MAKILAND STATE DEPARTMENT OF REALTH

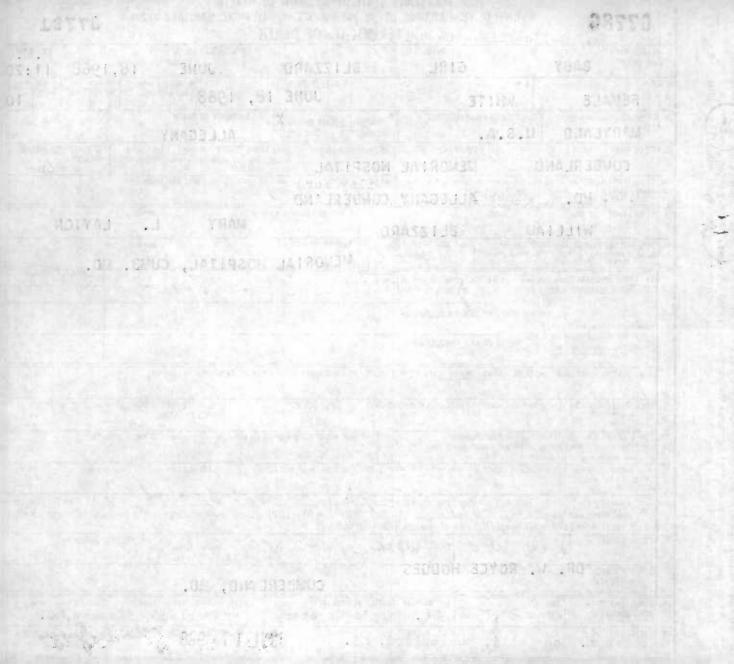
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07785 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR A Month 24 (Type or print) GEORGE Day 968 Year Jackson BILLMEYER JUNE 11:45M requires that the death certificate be executed within 24 haurs after deg 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years LE LINDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS HOURS MALE WHITE 7-4-13 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State ar foreign 9. COUNTY OF DEATH 8. MARRIED [ NEVER MARRIED COUNTARYLAND U.S.A. ALLEGANY WIDOWED [ DIVORCED | signed by the attending physician and completely filled burial-transit permit. Then please remave carban pab 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give stretate RED HEART INPUSTIONE STORE CUMBERLAND during mystof parking lifer even if retired.) and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE MD 136. COUNTY ALLEGANY CUMBERLAND YES NO NO 756 GREENE ST. 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last GEORGE BILLMEYER JIII 1A BENNETT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, Do, or unknown) (If yes give war or dates of service) 214-07-5229 HOSPITAL RECORD SACRED HEART ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS CONSEQUENCE OF Conditions, if any, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OF HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been d far use as the af Health priar to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 21g. ACCIDENT WAS UNDERLYING (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Not while at wark at wark 22a. I certify that (1) (this hospital) attended the deceased fram-196 F, and that in (my) (our) opinion death accorred on the date and haur and fram the saw the deceased alive an\_ directar, page 3 shauld shauld be filed with the causes stoted obove, (1) (we) (did) (did wet) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING DEGREE PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS PAGAN, M.D. 5 POTOMAC ST., RIDGELEY NAME (Type 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) BENDYAL (Specify) 6/27/68 Hillcrest Burial Park Cumberland Appogany, Md 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR\_ 28 1968 H. Waime George Cumberland, Md. 30M REV. T/68

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(1	ECEASED-NAME	First	4 9/1 CERTIFICAT	Last	20. DATE OF DEATH		126. W	JUR
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7o. E	BIRTHPLACE (State or foreign http) MARYLAND	7b. CITIZEN OF WHAT COUNT	RY? 8. MARRIED N	NEVER MARRIED X	9. COUNTY OF DEATH			Md.
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	WAS DECEASED EVER IN U.S.		AL SECURITY NO. 17. INFOR	RMANT		Address		
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	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause per line for (a)	(b), and (c). Palue		15 80	2	BETWEEN ONSET AND DEA	ATH
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-		196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY?	CALICEC OF DE		ISIDERED IN CERTIFYING	
TIFICATION	19a. DATE OF OPERATION			YES NO				
DICAL CERTIFICATION	21a. ACCIDENT WAS UNDER	FOEATH HOUR A.M. Month	Day Yeor	YES NO NO NURY OCCURRED (Ente		art 1 ar Part 2, Ite	m 18.)	
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDER  or contributing cause of the either, notify medical expenses of the either, notify medical expenses of the either cause o	HOUR A.M. Month P.M.	Day Yeor 19 ARM, STREET, FACTORY.) 21f. LOCATI	NJURY OCCURRED (Ente	er nature af injury in P		m 18.)  County Sto	nte
	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex 21d. INJURY OCCURRED While Nat while at work at work	FORATH HOUR A.M. Month P.M.  21e. PLACE OF INJURY (AT HOME, OFFICE BU	Day Yeor 19 ARM, STREET, FACTORY.) 21f. LOCATI LDING, ETC.	NJURY OCCURRED (Enter	er nature of injury in P	wn 1 2 d	County Sto	
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MEDICAL	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF CHILD CAUSE OF CA	(this haspital) attended a dive an cover(1) (we) (did) (did nate where the cover) (we) (we) (did) (did nate where the cover) (we) (we) (did) (did nate where the cover) (did) (did) (did nate where the cover) (did) (did) (did nate where the cover) (did) (did	Day Yeor 19 ARM, STREET, FACTORY.) 21f. LOCATI the deceased from 19 , and th ) view the body after deal	ON Street or R.F.D. No. 19 dt in (my) (our) apth.  ATTENDING PHYS.  22e. ADDRESS CUMBERL	c. City or Tov  c. City or Tov  d., ta  dinion deoth occurr  MED. STAF  DIRECTOR PHY  AND MD  23d. LOCATION (City	red on the date  22c. DA  y ar Town)  and, Alle	County Sto	) last

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Jan 1 %	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07787 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9244
HEALTH DEPT.	I. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth Day (Type or Print) CRANILITE DECEMBER OF ESTI-	Year 2b. HOU
y is age	BLOCKER DEATH MATED JUNE 9,1	968 2:40
ond 3 to 2009 is page	3. SEX 4. RACE 5. DATE OF BIRTH MAY 28, 1920, GAGE (In years lest birthday) MAILE WHITE 5. DATE OF BIRTH MAY 28, 1920, GAGE (In years lest birthday) MONTHS DAYS HOURS MIN. JUNE 9, 1968	2d. HOT
52	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	(Guntry) MARYLAND U.S.A. WIDOWED DIVORCED ALLEGANY	٨
after death.  8. Give Pages 1, alang with farm.  With the State Death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIN	ND OF BUSINESS OR
after de 8. Give F alang w with the	FROSTBURG  give street address HOSPITAL  GRAD ROOM - KS TIRE CO  130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSIDE CITY LIMITS? 13e. STREET AND NUMBER	MPANY
ala ala	odmission) SARYLAND 13b. COUNTALLEGANY FROSTBURG YES X NO 17 HIGH STREET	
24 haurs a in Item 18. r's Office al es Land 2 w irs after de	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
24 F in It r's O r's O	WILLIAM BLOCHER HARRIETT HARI	
be executed within 24 haurs after death "pending" in pencil in Item 18. Give Pages 1, iief Medical Examiner's Office along with farminsit permit. File pages Land 2 with the State Deevent within 72 haurs after death.	16d. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   17 HIGH   YES   WW 2   217-09-8680   MRS. IDELMA H. BLOCHER, FROSTBURG, M	E ST. 21532
ed v at Ey it. Fi	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ling' ling' edice edice	IMMEDIATE CAUSE (a) TOLIMOTERLY EMBOLISM - SU	ıdden
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Ild b and a Chii	rise to immediate cause (a).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	400
ertificate shauld be executed writing the ward "pending" in rwarded ta the Chief Medical sed as a burial-transit permit.	Ruptured Diverticulum of sigmoid 6	days
This certificate icate, writing the be farwarded to do be used as a b ar remaval, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rtifica rriting varde varde ed as ival, a	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20	). AUTOPSY?
This certificate cate, writing the be farwarded the used as a lare remayal, and	WAS PERFORMED?	YES X NO
<del>-</del>	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PRIMARY OR CONTRIBUTING P.M.  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  19c. DATE OF OPERATION  WAS PERFORMED?  21d. EXTERNAL CAUSE WAS PRIMARY OR COUNTRIBUTING P.M.  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21d. INJURY OCCURRED 121e PLACE OF INJURY (4th house form street)  21d. INJURY OCCURRED 121e PLACE OF INJURY (4th house form street)  21d. INJURY OCCURRED 121e PLACE OF INJURY (4th house form street)	And
INER e ce shau fites 3 sha atia	CAUSE OF DEATH P.M. 19 2 Id. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Count	ty State
8 f 4 f 9 f	WHILE NOT WHILE of factory, affice building, etc.)	
	22a. I certify that I took charge of the remains described above, held an Autopsy 💢, Inspection 💢, Inquiry 💢, a	nd in my opinio
se ey ctar.	deoth resulted fram: Natural causes 🗶 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
Ty blease yy, please stal directo be retained (AL DIREC	ACTUAL BY ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR DATE SIGNIFA	
EPUTY DICA sssary, please e. funeral director ay be retained INERAL DIRECT ITH priar ta bu	SIGNATURE MOCILIES ATTRICA LOCAL EXAMINER LISTATE OF THE SIGNED	R
O DEPUTY DICAL E necessary, please exect the funeral director. Po 5 may be retained for 0 FUNERAL DIRECTOR: Health prior to burial,	EXAMINER'S NAME (Type)  BENEDICT SKITARELIC, M.D.  ADDRESS(Street, city, town, or county UMBERLAND, MA	RYT.AND
TO DEPU necessa the fun 5 may TO FUNE Health	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	
CHR	BURIAL JUNE 12, 1968 FBG. MEMORIAL PARK FROSTBURG, MD.	
VR A15ME (5)	JOSEPH R. DURST, FROSTBURG, MD. 21532  ADDRESS  ADDRESS  ADDRESS  DATE  250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATU  DATE  DATE	
10M REV. 1/68	JOSEPH R. DURST, FROSTBURG, MD. 21532 DATE JUN 12 1988 goldenla	Judge

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E H. SYNLE MOOD STREET . MAETLORD, WARVING OFFO	Charles	MELL. GLICK	

TATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	37702
DEPT.		ECEASED-NAME First Middle Last 2a, DATE KNOWN Manth	Day Year 2b. HOUR
MA.	(	(ype or Print) Edith Jo Anna Burgess DEATH MATED 6-17	1688:45
in l	3. S	X 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
1		male   White   July 23,1893   74   VRS.     6   00   17	Yeor 19 688:45N
1	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  Try) Cross W. V. Divorced Divorced Allegany	
		Cross, W. Va. USA WIDOWED DIVOKED TITLES	2b. KIND OF BUSINESS OR
50	10.		NDEISTRY
	13a.	USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN 13d, IMSIDE CITY LIMITS? 13e, STREET AND NUMBER	Own Home
01	0	dmission) STATE Md. 13b. COUNTY Allegany Cumberland VES X NO 119 E. Elder	St.
1	14. [	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
		Jacob Evans Jennie Swires	
		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  Mrs. Madona Benson, Cumberland	Md Daughte
	H	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	T APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSED BY: CEREBRAI, HEMORRHAGE	HOURS
		4120 DUE TO, OR AS A CONSEQUENCE OF	2200210
		Conditions, if any, which gove tise to immediate couse (a), (b).  HYPERTENSIVE CARDIOVASCULAR	
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		last. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	MILON	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
2	CERTIFICATION	WAS PERFORMED?	YES NO
		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M.	n 18.)
	MEDICAL	CAUSE OF DEATH P.M. 19	
	2	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, affice building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County State
		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry [2], death resulted fram: Natural causes, Accident, Suicide, Homicide Undetermined manner	-
		CHIFF MEDICAL EXAMINER	
		SIGNATURE Developed Skilchelicato ASSISTANT MEDICAL EXAMINER 226. DATE SI	
2		EARMINER 3	17, 1968
	22		rland, Md.
	230	PEMOVAL (Specify)	(County) (State)
)	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	CNATILE
		James F. Scarpelli, Cumberland, Md. DATE JUN 25 1968	to Jung

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Dov 2b. HOURP (Type or Print) ESTI-19681:10M Leslie Preston Carnell DEATH MATED A S. DATE OF BIRTH (5) IF UNDER 24 HRS 3. SEX 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 Male White Sept.5,1888 19 68 L : I OM 79 the State Desert 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED ST NEVER MARRIED 9. COUNTY OF DEATH form in Item 18. Give Pages 1, Allegany Va. USA WIDOWED [ DIVORCED [ 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done Office olong with 12b. KIND OF BUSINESS OR H. during most of working life even if retired.) INDUSTRY Cumberland .O.A.Memorial Lamber deoth. land 2 with 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE Md. 13b. COUNTY 102 Seymour Cumberland Allegany 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Joseph Carnell Eliza Bailev pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) Mrs. Delta Carnell, Cumberland, Md.-Wife .⊑ APPROXIMATE INTERV executed within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF buriol-transit CORONARY SCLEROSIS Conditions, if ony, which gave rise to immediate couse (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES 🗍 NO P 21o. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK please execute 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , ond in my opinion death resulted fram: Notural causes 30 Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE JUNE 17,1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy TO FUNE Heolth Dr. Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or county) NAME (Type) Cumberland, Md. 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) Arnold Cemetery Near Romney, W. Va. 6-20-1968 ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Tames F. Scarpelli, Cumberland, Md. VR ATSME 15

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	37795
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day (Type or Print)	y Year 2b. HOUR
ay is	(Type or Print) Charles Hugh Cave DEATH MATED X June	
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	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGN	
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MAKTLAND STATE DEPARTMENT OF HEALTH

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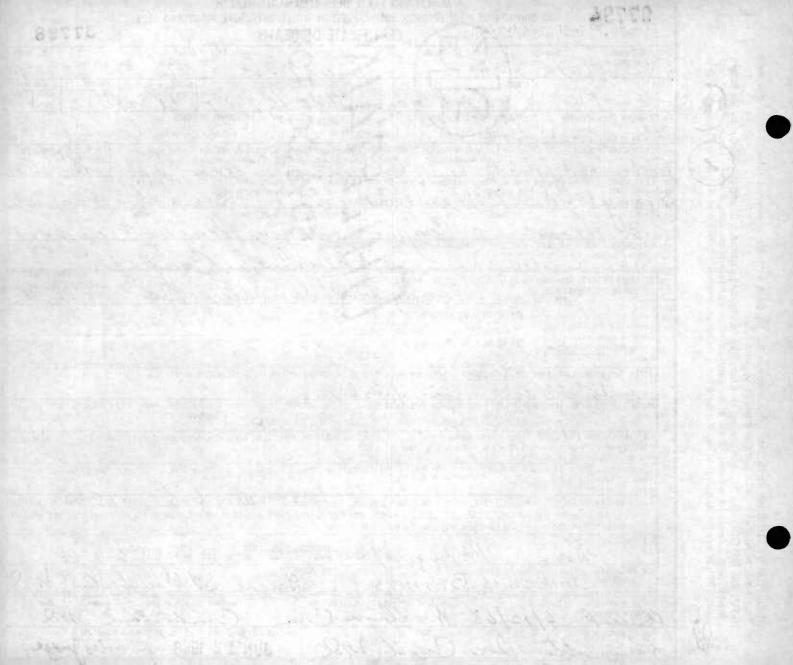
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YSICIAN: aspital ar certificate hed far u	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City at Tawn Cau	unty State
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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07795 37739 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR hours after death (Type or print) ELMER CORLEY Month R : 30 AM 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WHITE 3-26-91 MONTHS OAYS MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED WARYLAND U.S.A. ALLEGANY WIDOWED TX DIVORCED [ filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within INDUSTRY Railroad WE'MORTS AL during most of working life, even if retired.) HOSPITAL CUMBERLAND 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 13b. COUNTY YES NO HYNDMAN detached far use as the burial-transit permit. Then please rema e Dept. af Health priar ta burial, cremation, or remaval, and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle certificate be CORLEY CLARA BARKLEY CHARLES Address CUMBERLAND, MD. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 1 (If yes give war or dates of service) MEMORIAL HOSPITAL Yes, no, or unknown) 705-09-360 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)-BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that the death acule 121 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 6-12, 1968, to 6-12, 1968, that (I) (we) last sow the deceased alive on 6-13, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should be should be filed with the Stat couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR PHYS. 22e. ADDRESS ERLAND, MD. 22d. PHYSICIAN'S NAME (Type) DR. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify)
Burial Hyndman Cemetery | Hyndran | 1250. REC'D BY REGISTRAR Bedford 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Harvey H. Zeigler, Hyndman, Pa. Ocharles 30M REV. 1/68 DATE

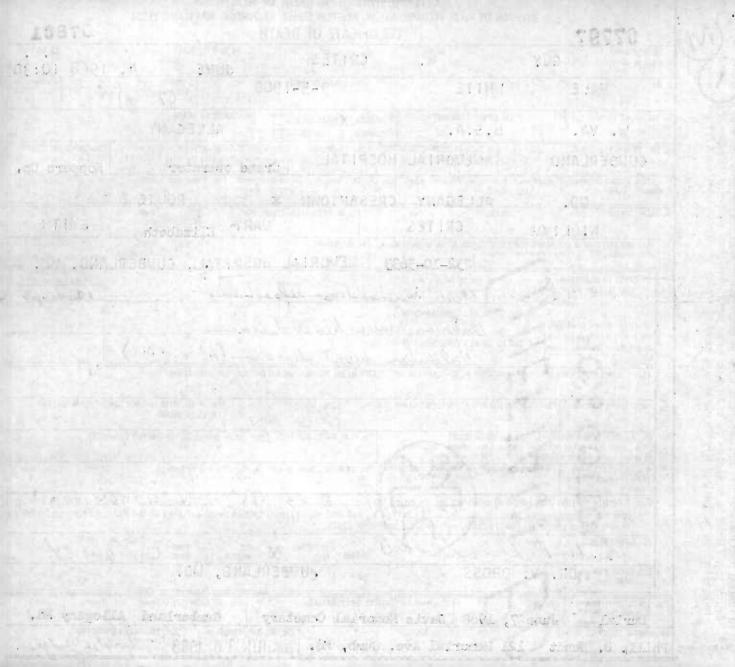
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37800 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR (Type or Print) EARL ANDREW CREEK DEATH MATED June 24 1 68 6. AGE (In years 4. RACE IF UNDER I YEAR 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR 3/23/1901 24 Day 1968 19 MALE WHITE 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED [ DIVORCED [ ALLEGANY MARYLAND U.S.A 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY LITTLE ORLEANS MARYLAND STATE ROADS DEPT. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE 13e. STREET AND NUMBER admission) STATE YES NO K Item ] 14. FATHER'S NAME Middle 1s. MOTHER'S MAIDEN NAME First Middle MELLOTT CHARLES CREEK SARAH . = pencil. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give wor or dates of service) 212-12-8846 RUTH MANN CREEK LITTLE ORLEANS, MD. File APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only, one cause per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: event within permit. BETWEEN ONSET AND OFATH Occlusion Coronary Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Coronary Sclerosis **buriol-transit** Canditians, if any, which gave rise to immediate couse (a). ony should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO X 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 1B.) 3 should 21b. TIME OF INJURY Manth, Dov. Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE 22a. I certify that I took charge af the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion Natural causes X, Accident , Suicide death resulted fram: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER June 24, 1968 **EXAMINER'S** 5 moy ro FUNE Health ADDRESS(Street, city, town, or count Cumberland, Maryland NAME (Type) BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) MARYE AND BUR AL 6/27/68 PINEY PLAINS METHODIST, LITTLE ORLEANS ALLEGANY 24. EUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5)

MAKTLAND STATE DEPARTMENT OF HEALTH

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rtificate ohysicia en pleas ival, an	160	WAS DECEASED EVER IN U.S. AR/ es, no, or unknown) (If yes give v	MED FORCES? 16b. SOCIAL SECURITY 232-10-56		Address HOSPITAL CUMBER	APPROXIMATE INTERVAL
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The law requires that attending physician, has been signed by se as the burial-train the priar to burial, cre	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA		ONSIDERED IN CERTIFYING
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L OR AT be reto DIRECT DIRECT Sign 3 sh		22b. SIGNATURE VaciliET ( 22d. PHYSICIAN'S DR	P. Druss K	11110	MED. STAFF PHYS.	6-4-68
O HOSPITAL Page 4 may O FUNERAL I director, pag		NAME (Type)	V. DROSS  DATE 23c NAME OF	CEMETERY OR CREMATORY	ERLAND, MD.	(County) (Stote)
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30M REV 168		ilip B. Wendt	121 Memorial Av			when Judge



	1. DE	CEASED-NAME First		Middle	ICATE OF DEATH	2g. DATE OF DEATH		37802   2b. HOL
			lim	T.	Damm	Mai	oth Day	Year 8 7:2
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	coun	IRTHPLACE (State or foreign try)	7b. CITIZEN OF WHAT CO	OUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH	Co.	
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,	14. F	ATHER'S NAME First Otto NAMA	Middle	Lost Damm	15. MOTHER'S MAIDEN NAM	Agnes	Middle	Cole
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		1B. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIA	y ane cause per line for BY: TE CAUSE (a)	(a), (b), and (c).) Myocardia	l Failure			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 MO
burial-transit permit. Then please rema burial, cremation, or remaval, and in any		Canditions, if any, which gave a rise to immediate cause (a),	(0)	eriosclero	tic Heart ]	Disease		1 yr.
		stating the underlying cause (c) DUE TO, ODY & OPE TO'S of mellitus  [65]  [65						
	NC	PART 2. OTHER SIGNIFICANT CON			S TO THE TERMINAL DISEASE C	PRONDITION GIVEN IN PAR	T I(a)	
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	ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HO OFFICE		LOCATION Street or R.F.D.	CERT CO.		Caunty State
		22a. I certify that (1) (this saw the deceased all causes stated above	s haspital) attended ive on the (1) (we) (dd) (did i	the deceased from and view the bady after	and that in (my) (aur) or death.	opinian death accurre 25 PM		
1	/	22b. SIGNATURE	Vaccino	on miso	EGREE PHYS.	MED. STAFF DIRECTOR PHYS.	□ 22c. DA	TE SIGNED 13-68
	-	AZd. PHYSICIAN'S Jame:	P. Hall:	inan M. D.	229 4 9 ESS Bed	dford St.,		rland, Md.
1	B		16/68	23c. NAME OF CEMETERY Zion Memor:	ial Park	23d. LOCATION (City of Cumberlar	d Alleg	(County) (State) Maryland
		FUNERAL DIRECTOR		ADDRESS	lec ares	BY REGISTRAR 1968	DEDICTRADIC CL	OMATURAL.

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h		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		07799 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	37883
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Lost Co. DATE KNOWNIKE Month D.	oy Yeor 2b. HOUR
	(	(Type or Print)  Michael Leroy Dixon  OF ESTI- DEATH MATED JUNE 18	8,1968 9:45a
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any P. 2.		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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ond 2		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
£ £ 6 2 5	17.	Melvin L. Dixon Theresa	Grogg
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INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office Along with files.  3 should be used as a burial-transit permit. File pages and 2 with the States of the content of the states of the content of the states.		490 V	
ICAL EXAMINER: This certific execute the certificate, writin for. Page 4 should be forwarde of far your files.  CTOR: Page 3 should be used os burial, cremotian, or removal,	MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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0 = + 2 D + H	230	O. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	county) (Stote)
OK	24	REMOVAL (Specify) Burial 6/21/68 Waxler Cemetery Dawson, Allegar FUNERAL DIRECTOR  ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
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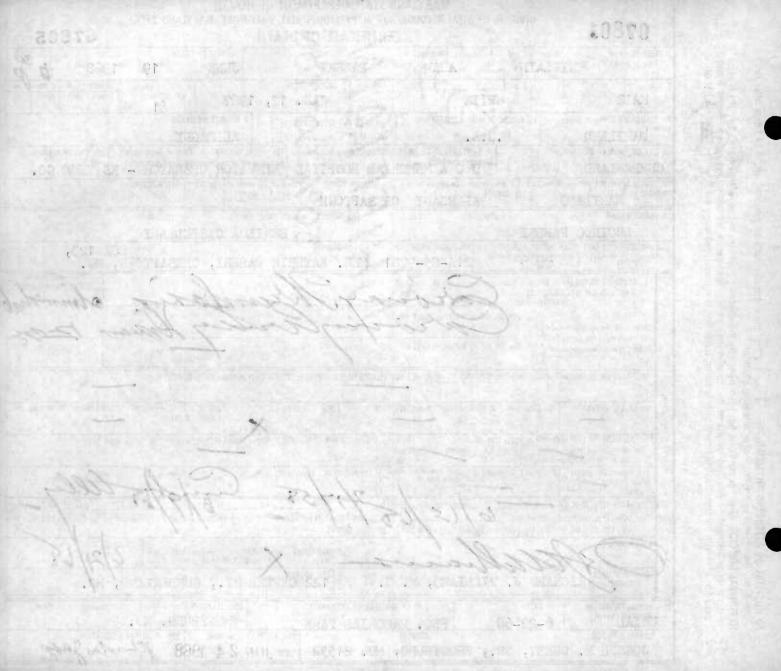
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	16a. Y	WAS DECEASED EVER IN U.S. ARM as, na, ar unknown) Ves  (If yes give we W. W.	an au datas af annial	16b. SOCIAL SECURITY N 214-07-40		NEMORIA	L HOSP	Add CUN	ress MBERLAN	D. MD.
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	MEDICAL	(If either, notify medical examinated 21d. INJURY OCCURRED While Nat while	PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LO			City or Town	County	State
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		NAME (Type) DR.		AN ORMER		CUMB	ERLAND			
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3	24.	FUNERAL DIRECTOR H. Wayne Geor	ge Cumbe	erland, Ma	ryland		JUL - 1	1968 2Sb. REGIS	TRAR'S SIGNATURI	egge

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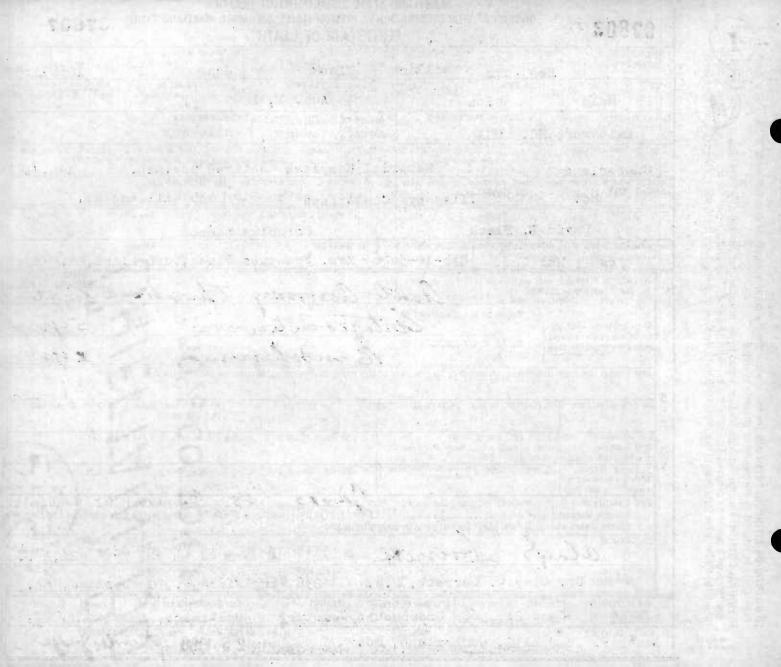
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IERAL DIRECTOR: A gr., page 3 shauld do be filed with the	8	22d PHYSICIAN'S RICHAR	alle	AMS, M. D.	GREE PHYS.  22° ADDRESS  122° CENTER	R ST., CU	HYS.   (	DATE SIGNED	8
Page 4 may b TO FUNERAL D director, page shauld be fille	B	BURIAL, CREMATION, 23b. 1  REMOVAL (Specify)  FUNERAL DIRECTOR	-22 <b>-</b> 68	23c. NAME OF CEMETERY OF THE STATE OF THE ST	AL PARK	23d. LOCATION (INTERPRETATION CONTROL OF THE PROPERTY REGISTRAN		(County)	(Stote)
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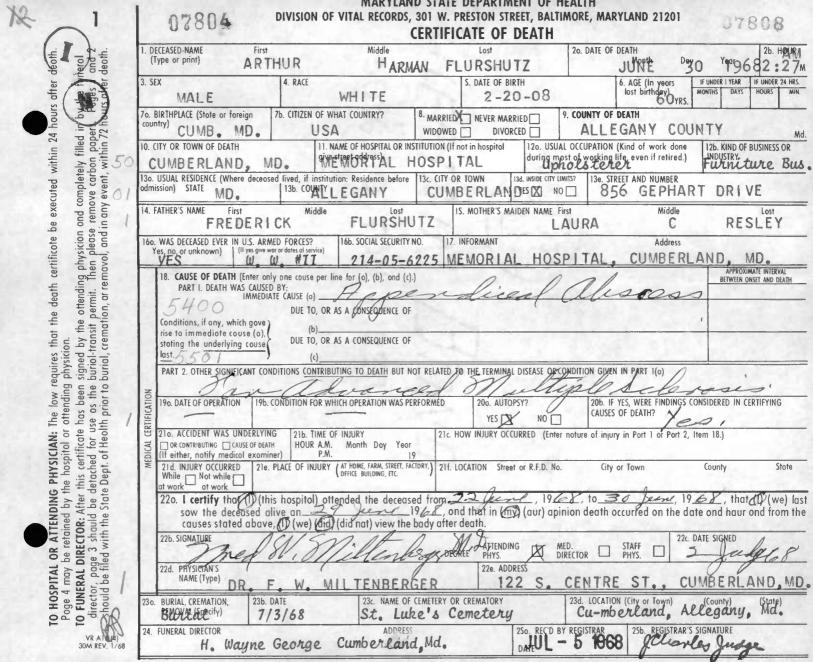
MAKILAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07806 CERTIFICATE OF DEATH 2b. HOUR Middle Last 20. DATE OF DEATH **DECEASED-NAME** First death (Type ar print) ALBERT FISHER NMI 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. after 6. AGE (In years lost birthday) CIAYS WHITE 3-9-03 MALE directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pag shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED COUNTRYLAND U.S.A. ALLEGANY WIDOWED | DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of wark done 10. CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** HOSPITAL CUMBERLAND, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER FROSTBURG YES NO WELSH HILL 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle PLUMMER FISHER MARY WILLIAM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no ar unknawn) MEMORIAL HOSPITAL CUMBERLAND. MD. 214-01-3601 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) signed by the burial-transit p Canditians, if any, which gove ) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF arteriosclorosis stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO I YES 🗍 FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 28 m, 1968, ta 3 y m, 1968, that (I) (we) last saw the deceased alive an 40 m, 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE Van Olmer, n.D. DEGREE DIRECTOR 22d. PHYSICIAN'S DR. W. A. VAN ORMER XKMMEKRX CUMBERLAND. MD. NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23a. BURIAL CREMATION. 23b. DATE (Caunty) Md Alleg Frostburg Frostburg Memorial Park 0 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 HI 1968 Baltd Ave. Cumberland 30M REV. 1/68

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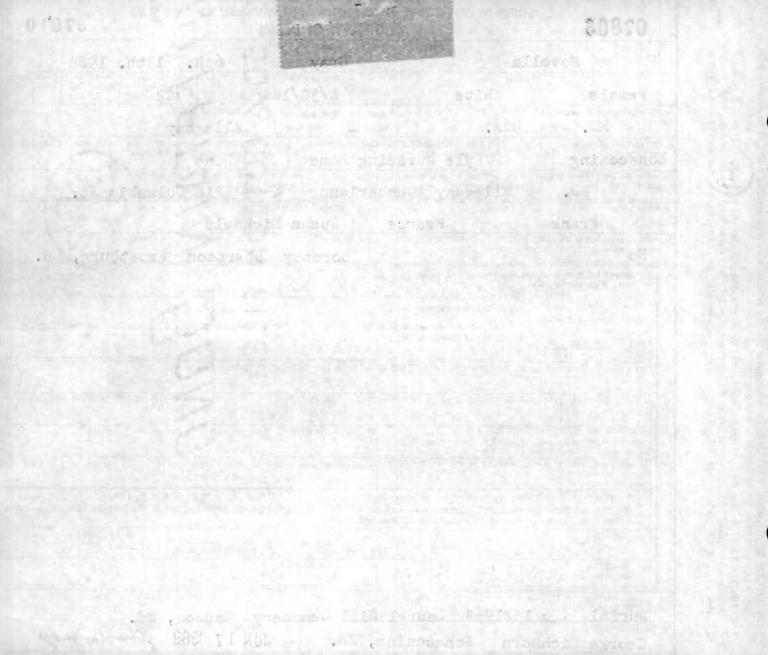
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71	07805 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
attending physician. has been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then please remove carban papers. Pages and 2 th priar to burial, crematian, ar remaval, and in any event, within 72 hour atter death.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH  (Type or print) GEORGE M. FURSTENBERG 6 Month 18 Doy 68 Year 5:30 PM
	S. DATE OF BIRTH 8-18-1887  MALE  4. RACE  S. DATE OF BIRTH 8-18-1887  6. AGE (In years lef under 1 year lef under 24 Hrs. lost birthday)  WHITE  AUG. 118, 1887  6. AGE (In years lef under 1 year lef under 24 Hrs. lost birthday)  YRS. HOURS MIN.
	To. BIRTHPLACE (Stote or foreign Country)  MARYLAND  O. BIRTHPLACE (Stote or foreign Country)  MARYLAND  O. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 9. COUNTY OF DEATH  WIDOWED DIVORCED MARRIED ALLEGANY  Md.
52	O. CITY OR TOWN OF DEATH  CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during TRA I LROAD  120. USUAL OCCUPATION (Kind of work done during TRA I LROAD)  INDURA ILROAD
010	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dmission) STATE MARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YES ▼ NO□ 13d. STREET AND NUMBER 115 FIFTH STREET
	4. FATHER'S NAME First Middle FURSTENBERG IS. MOTHER'S MAIDEN NAME First Middle Lost FLORENCE KELLER FURSTENBERG
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, NOnknown)  16b. SOCIAL SECURITY NO. 705-09-9800  17. INFORMANT SACRED HEART HOSPITAL  CUMBERLAND, MARYLAND
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (s).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2 Item 18.)
	G   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   P.M. 19
	21d. INJURY OCCURRED While Not while of work 220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1967, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (I)—(we) (did) (did not) view the body after death.
1	22b. SIGNATURE  DEGREE ATTENDING MED. STAFF DIRECTOR DIRE
	23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) June 21,1968 RECOURT Burial Park Cumberland, Allegany, Md.
	ADDRESS  SCARPELLI'S FUNERAL HOME ADDRESS  SCARPELLI'S FUNERAL HOME ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE JUN 2 5 1968  ADDRESS  DATE JUN 2 5 1968  ADDRESS  ADDRE

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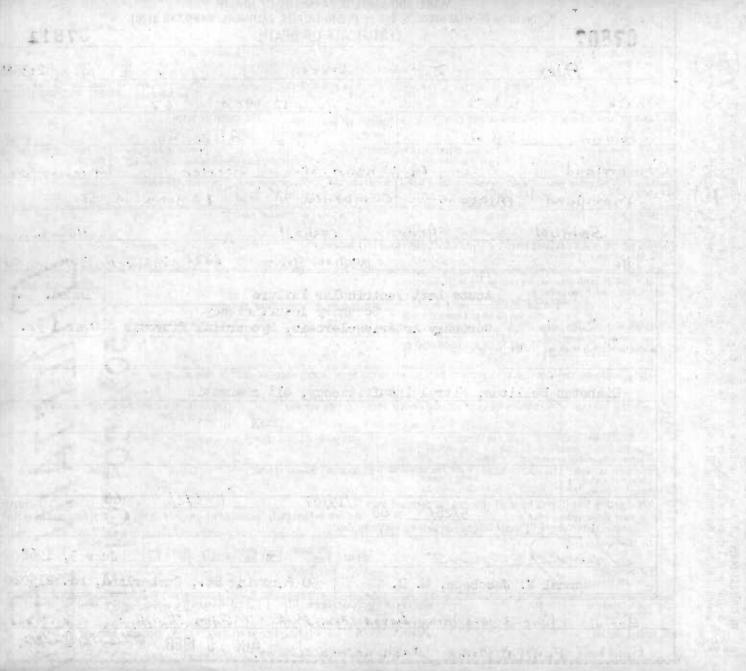
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MARYLAND JIAIL DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month Alex Z. Green 1968 une 5. DATE OF BIRTH 3 SFX 4. RACE 6. AGE (In years IF UNDER 1 YEAR signed by the attending physician and Completely filled in by the f burial-tronsit permit. Then pleose remove corton papers. Pages burial, cremotian, or removal, and in day event within 72 hours afte lost birthdoy) MONTHS DAYS white male 1014 12, 1900 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED IN NEVER MARRIED DIVORCED Poland Allegany U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR aive street address) during most of working life, even if retired.) INDUSTRY Cumberland 5+. lohnson Processing fors 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Cumberland 10 Johnson 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Last Middle Racheal Samuel green Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, or unknown) William Green 6506 Kenhowe Dr. 130th psda Me 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Left Ventricular Failure Immed. Coronary Insufficiency DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Arteriosclerosis, Myocardial Fibrosis Canditians, if any, which gove) Over 1 yr. rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Heolth prior to Diabetes Mellitus, Mitral Insufficiency, old rheumatic 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO X 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while of work 22a. I certify that (I) (this haspital) attended the deceased from 6/19/67, 19, ta 6/2/, 1968, that (I) (we) last saw the deceased alive an 5/28/ 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR June 3, 1968 DEGREE terre 22e. ADDRESS 50 Pershing St., Cumberland, Md. 21502 22d. PHYSICIAN'S NAME (Type) Samuel M. Jacobson, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify) King David Mem. Park Falls Church VIVGINIG 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Washington, D.C. DATE Goldberg Funeral Home

MAKTLAND STATE DEPARTMENT OF HEALTH



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MAKILAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07809 07813 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH haurs after death (Type ar print) Month Hansford George Harmon 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS 1/12/1875 White Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Allegany County West Virginia U.S. WIDOWED X DIVORCED [ within 24 filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital aive street address) County Institution during masher working life even if tetred.) within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Cumberland RWU. in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNT Mineral h YES NOX Carpenters Add, Va. Ridgeley 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle David Hansford Icie physician nen please and requires that the death certificate 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 705-10-8416 burial, crematian, or remaval, Allegany County Infirmary-Furnace St.ext 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave: signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL VISIAN OF CONTRIBUTIONS OF CONTRIB Health priar ta has been ATTENDING PHYSICIAN: The law 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 200. AUTOPSY? CAUSES OF DEATH? YES [ TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 3 should be detached with the State Dept. of (If either, notify medical examiner) 21d INILIRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while ot work 22a. I certify that (I) (this haspital) attended the deceased from June 20 , 1968 , ta June 22 , 1968 , that (I) (we) last saw the deceased olive on June 21 , 1968 , and that in (my) (our) opinion deoth occurred on the dote and hour and from the retained causes stated abave, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type director, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (State) (County) BENEVAL (Specify) 6/25/68 Zion Memorial Park Cumberland. Allegany Md. 24. FUNERAL DIRECTOR VR A15 (4) Cumberland, Maryland H. Wayne George 30M REV. 1)06

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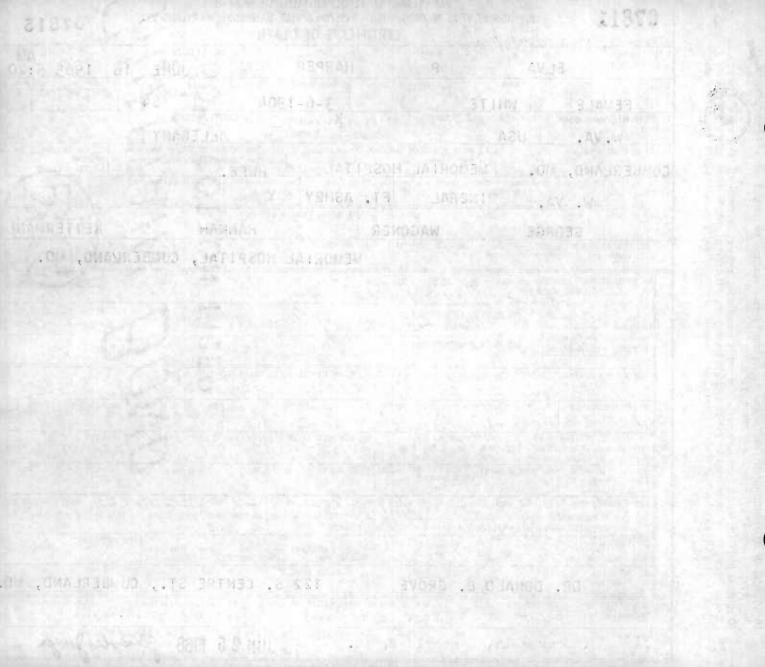
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3781 CERTIFICATE OF DEATH Middle Last 2g. DATE OF DEATH 2b HOUR 1. DECEASED-NAME First death. The law requires that the death certificate be executed within 24 haurs after death and (Type or print) EARI. HARCLERODE T. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. last birthday) 6-21-1895 MONTHS OAYS HOURS WHITE MALE 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Y PENNA. U.S.A. WIDOWED | DIVORCED T ALLEGANY filled 12o. USUAL OCCUPATION (Kind of work done event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during mast of working life, even if retired.)
Telegrapher and campletely f remave carban HOSPITAL CUMBERLAND 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before damission) STATE 13b. COUNTY 15b. COU 13e. STREET AND NUMBER YES NO XRTX#1x Bedford HYNDMAN PA. any Middle 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First HAYES ANNA SUDER HARCLERODE gnd 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, or unknown) (If yes give war or dates of service) 705-09-5607 MEMORIAL HOSPITA CUMBERLAND. burial, crematian, ar remay 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Arute Agute Coronary Occulsion week DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) burial-transit (b) Arteriosclerotic Cardiovascular Disease vears rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been detached far use as the Diebetes Mellitus

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 1967, 19, ta June 6,99, that (I) that saw the deceased alive on June 23, 19, 6 and that in (my) to be causes stated above, (I) two (didn't) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 6-25-68 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (TYP)R.G.O. HIMME WRIGHT VIRGINIA AVE., CUMBERLAND, MD. 23d. LOCATION (City ar Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) 23g. BURIAL, CREMATION, 1968 Hyndman Cemetery Hyndman, Bedford Co., Pa. 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV, 1/68 1968 Harvey H. Zeigler, Hyndman, Pa.

MAKYLAND STATE DEPAKIMENT OF HEALTH

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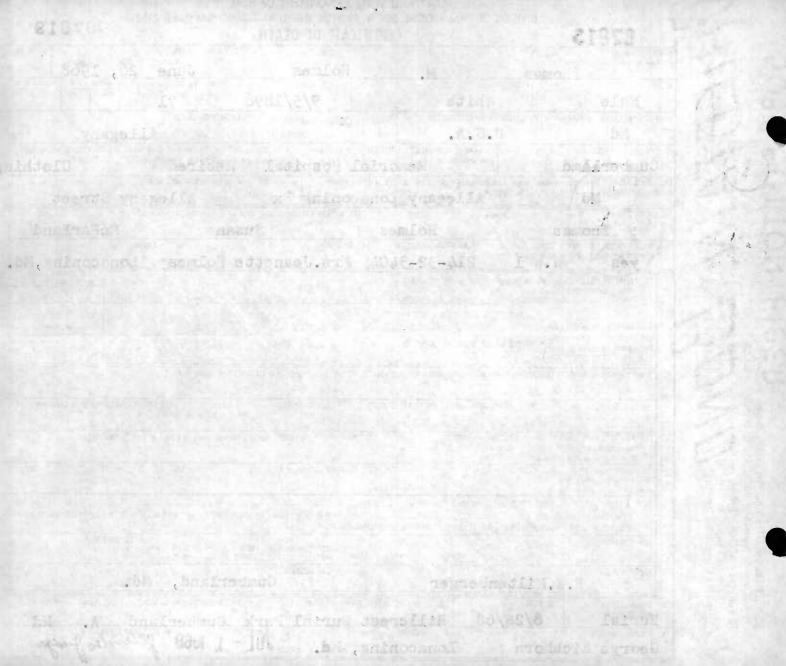
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	07814	DIVISION OF VITAL RECORDS	CERTIFICATE OF I	EET, BALTIMORE,		07818	
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3. 70 6 50	FEMALE	4. RACE WHITE	S. DATE OF BIR 12 -	TH 21-01	6. AGE (In years last bighday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
70	BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARR WIDOWED DIVORC	ILD _	TY OF DEATH LEGANY	Md.	
0	CUMBERLAND	give street address) MEMORI AL	HOSP I TAL	12a. USUAL OCCUP during most of wo	ATION (Kind of work dane orking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
5 od	a. USUAL RESIDENCE (Where deceded	ised lived, if institution: Residence before 13b. COUNTY Morgan			3e. STREET AND NUMBER	ter	
3 14	I. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAI		Middle	Lost	
1/	JOHN 60. WAS DECEASED EVER IN U.S. AR		NO. 17, INFORMANT	MARY	Address	CHANEY	
		wor or dates of service)	MEMORI	AL HOSPI		RLAND, MD.	
F	18. CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and (c		1	111100	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH	
	PART I. DEATH WAS CAUS			mbusys	MASSIVE	/	
	Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF					
	nise to immediate couse (a), stating the underlying couse	(b)					
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	4201	ONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION	N GIVEN IN PART 1(0)		
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		ATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCU		af injury in Part 1 ar Port 2, 1t	em 18.)	
AAEDICAL	(If either, natify medical exam	niner) P.M.	19 ACTORY,) 21f. LOCATION Street	or RED. No.	City or Town	County State	
director, page 3 should be detached for use as the burial-transit per should be filed with the State Dept. of Heolth prior ta burial, cremation,	While Nat while of work of wark	OFFICE BUILDING, ETC.	) Zii. Edenioit Silect	Of Kit.D. IVO.	city of rown	5.515	
	220. I certify that (I) (this hospital) ottended the deceased from 1967, ta 120m, 1966, that (I) (we) last saw the deceased alive on 120m and from the						
	causes stated abov	re, (I) (we) (did) (did nat) view the	body after death.	/) (our) opinian a	earn accurred on the dol	e and nour ond from the	
	22b. SIGNATURE	a hp	DEGREE PHYS.	G MED. DIRECTOR	STAFF 22c. D.	ATE SIGNED	
	22d. PHYSICIAN'S	I / willow					
	NAME (Type) DR.	F. B. WHITWORT	TH CU	MBERLAND	), MD.		
23	DEMOVAL (Consider)		CEMETERY OR CREMATORY		OCATION (City or Town)	(County) (Stote)	
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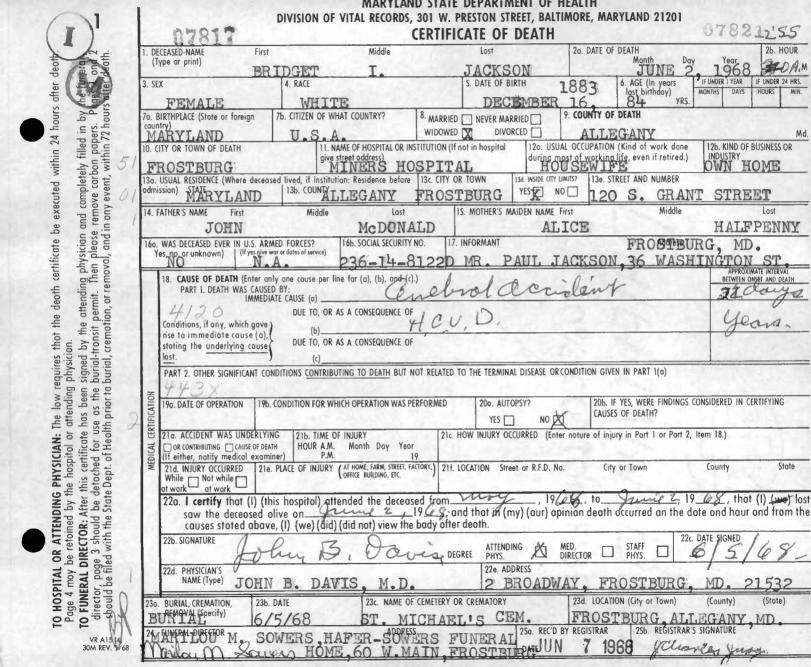
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07820
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miners poges hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Tutter
+ X = /	(	Yes, no ocunknown) (the give war or dates of service) 205-42-1588 Floyd Imler, Hyndman, Pa.	PD#1
nauld be executed wit ward "pending" in per the Chief Medical Exan rial-transit permit. File	-		APPROXIMATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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T 0 0 0	CERI	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	
certific certific hauld be lies. shauld titan, ar	SIG	CAUSE OF DEATH 4:30 M. June 16, 1968 Drowned while swimming	
Sale of Sale o	WED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No Gity or Town	County erset Co.
DEPUTY SICAL EXAMINER: cessary, please execute the certification of the following please execute the certifies may be retained far your files. FUNERAL DIRECTOR: Page 3 shaudlith priar to burial, crematian,		AT WORK LAT WORK K Kennell's Mill, Pa Kennell's Mill, Landson, 1	Penna.
ICAL E exect tar. Pa ed far CTOR: burial,		22a. I certify that I took chorge af the remoins described above, held an Autapsy , Inspection , Inquiry	ond in my opinian
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Sany Sany IER		FYAMINE'S DEPUTY MEDICAL EXAMINER XX June 16	. 1968
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05 + 20 S		D. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) Penna.
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	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
VR A15ME (5) 10M REV. 1/68		Harvey H. Zeigler, Hyndman, PA. DATE JUN 21 1968 gclos	eles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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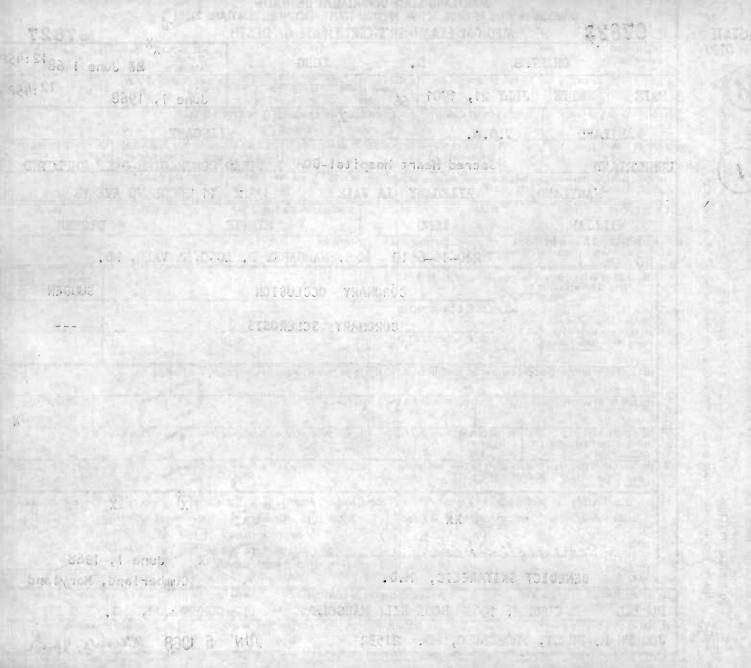
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ely filled ban pay within		CUMBERLAND, MD.	give street address RED	HEART H	HOSP. durin	N STREET, BALTIMORE, MARYLAND 21201  OF DEATH  120. DATE OF DEATH  120. DATE OF DEATH  SEER  1903  11:19  120. USUAL OCCUPATION (Kind of work done during mast af warking life, even if retired.)  121. USUAL OCCUPATION (Kind of work done during mast af warking life, even if retired.)  122. USUAL OCCUPATION (Kind of work done during mast af warking life, even if retired.)  123. INSIDE CITY LIMITS?  124. INSIDE CITY LIMITS?  125. STREET AND NUMBER  126. KIND OF BUSINESS OR INDUSTRY  Middle  127. KIND OF BUSINESS OR INDUSTRY  Middle  128. KIND OF BUSINESS OR INDUSTRY  Middle  129. KIND OF BUSINESS OR INDUSTRY  MADDESTRY  MIDDLE RESERVE TO NO COMBERLAND, MD.  APPROXIMATE INTERVAL BETWEEN ONST AND DEATH  127. Address  SPITAL RECORD, CUMBERLAND, MD.  AUTOPSY?  206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  RY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)  Street or R.F.D. No. City or Town County State  126. N. SMALLWOOD ST, CUMBERLAND, MD.  ORY  236. LOCATION (City or Town) (County)  257. AUTOPSY 236. LOCATION (City or Town) (County)  129. AUTOPSY 236. LOCATION (City or Town) (County)  250. RECD BY REGISTRAR 256. REGISTRAT'S SIGNATURE			
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) CHARLES LONG D. DEATH MATED [ BZ June 1 168 IF UNDER 1 YEAR 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD JULY 21, 1901 June 1, MATE WHITE 1968 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIEDY NEVER MARRIED 9. COUNTY OF DEATH WIDOWED | DIVORCED U.S.A. ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired. INDUSTRY
RETIRED CONTRACTOR—SELF EMPLOYED Sacred Heart Hospital-DOA CUMBERTAND 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death odmission) STATEMARYLAND 13b. COUNTY ALLEGANY LA VALE 11 WOODLAWN AVENUE YES NO T Office land 2 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost MALLIIW LONG MYRTLE DICKEN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If yes give war or dates of service) 220-16-6610 (Yes, no, or unknown) MRS. MARGARET P. LONG, LA VALE, MD. NO APPROXIMATE INTERVAL event within executed 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 4 should be farwarded to the Chief Medical CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove CORONARY SCLEROSIS rise to immediate couse (a), the ward certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) writing 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO Y pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 3 should Б HOUR A.M. PRIMARY OR CONTRIBUTING crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry Y and in my apinian death resulted fram: Natural causes XX. Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED June 1, 1968 DEPUTY MEDICAL EXAMINER 5 n. TO FUN Health **EXAMINER'S** BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or councumberland, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) JUNE 4. 1968 ROSE HILL MAUSOLEUM CUMBERLAND, MD. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE JOSEPH R. DURST, FROSTBURG, MD. 21532 JUN VR A15ME 5 1968 Ochanles 10M REV. 1/68

MAKYLAND STATE DEPAKIMENT OF HEALTH



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  1. DECERSED-NAME   FIRST   MARYLAND 21201  TO BE A SECTION OF THE STREET   SOUTH OF STREET	Md						
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		MARYLAND STATE DEPARTMENT OF HEALTH	201	
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		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
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		22a. I certify that I taok charge af the remains described abave, held an Autapsy, Inspection		
		death resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Unde	etermined manner	
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		SIGNATURE ASSISTANT MEDICAL EXAMINER L		
2		EXAMINER'S NAME (Type)  BENEDICT SKITARELIC, M.D.  DEPUTY MEDICAL EXAMINER XX ADDRESS(Street, city, town, or co		
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2	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17000
HEALTH DEDT		Year Ish HOUR
HEALTH DEFT.	(Type or Print)	I In
Pog 34	HELEN C. MANLEY DEATH MATED June 16 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	
2, and 3 to PM3. Page up PM3. Page portraction	Female White 12/25/1902 65 YRS. MONTHS DAYS HOURS MIN. Month 16, Day 968	Yeor 7:15
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age age the fath fath	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane 12b. K	
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Z w de de	odmissian) STATE MD. 13b. COUNTY Ellerslie YES NO	
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2 E S S S S S S S S S S S S S S S S S S	Patreick Burns Bridget Ke	enney
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certificertificon orwar orwar movo	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writing be forward do be used a corremovol,	190. DATE OF OPERATION 190. DATE OF OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18	YES NOXX
# 7 9	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M.	.)
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		unity State
EXAMINER: cute the cert oge 4 should your files. Poge 3 should.; cremotion, I, cremotion,	WHILE NOT WHILE tactary, affice building, etc.)	
ical E se executor. Por red for ECTOR: F buriol,	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection X, Inquiry XX	ond in my opinion
Sicolar Sine of the property o	death resulted fram: Natural causes (C), Accident [], Suicide [], Hamicide [], Undetermined manner []	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS  MONTHS  4 YEARS  20. AUTOPSY? YES NOXX  18.)  Caunty State  ond in my opinion  GNED 1968 MARYLAND County) (State)  GNATURE
TY SIGNATOR TO SIGNATURE SIG	ACTUAL SECTION CHIEF MEDICAL EXAMINER 22b. DATE SIGNE	en .
EPUTY Issary, I funeral ay be r INERAL	SIGNATURE PROPERTY OF THE STATE	Tost  Kenney  Lost  Kenney  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DAYS  MONTHS  4 YEARS  20. AUTOPSY? YES NOXXX  m 18.)  Caunty  State  County  State  (Signed 1968 1968 1968 1968 1968 1968 1968 1968
necessary, please execute the funeral director. Poge 4 the funeral director. Poge 4 5 may be retoined for your to FUNERAL DIRECTOR: Poge Health prior to buriol, crem	EXAMINÉR'S  NAME (Type)BENEDICT SKITARELIC, M.D., FACP  ADDRESS(Street, city, town, or coun@UMBERLAND, M.	
TO D The the S m S m Head	230, BURIAL CREMATION 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Country)	
	REMOVAL (Specify) 6/19/1968 St. Josephs Cemetery Midland, Md.	
TH	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	
10M REV. 1768	GEORGE EICHHORN Lonaconing, Md. DATE JUN 18 1968 Kleen	as Judge

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MAKTLAND STATE DEPARTMENT OF HEALTH

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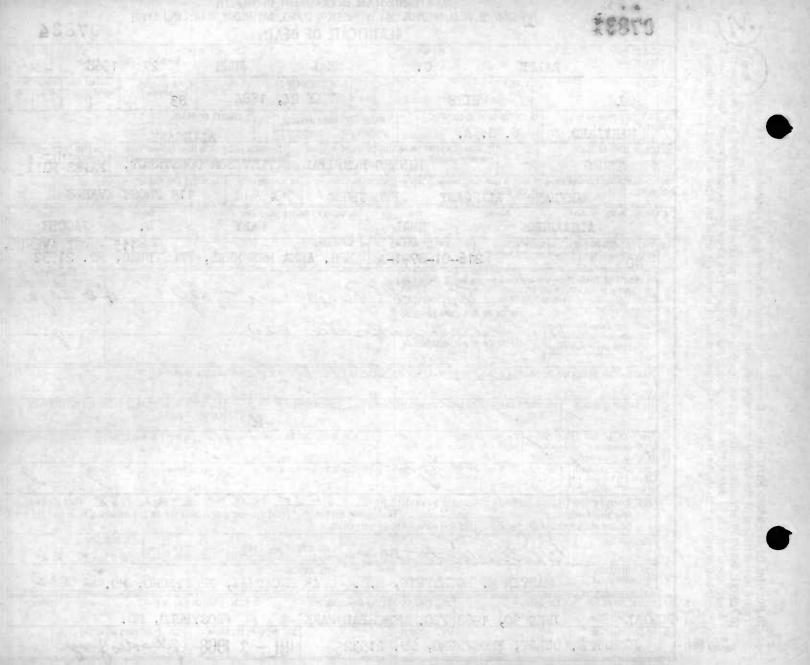
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07833 CERTIFICATE OF DEATH 2b. HOURAM DECEASED-NAME First Middle Last 2g. DATE OF DEATH 24 haurs after death Month 14 (Type or print) Doy 1968 Year MARY E. JUNE METZ 10:204 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX DAYS HOURS 06-18-91 FEMALE WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) MARYLAND U.S.A. ALLEGA NY WIDOWED K DIVORCED [ the attending physician and completely filled sit permit. Then please remave carban pap crematian, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af work dane 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give STACKED HEART HOSPITAL during men of everking life, even if retired.) INDUSTRY HOME CUMBERLAND 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE MARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YES X NO T 464 COLUMBIA ST. 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle JOHN SWEITZER AMELIA 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, propknawn) (If yes give war or dates of service) 220-07-6538 HOSPITAL RECORDS APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO V 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from\_ . 19 . ta saw the deceased alive on\_\_\_\_\_\_19\_\_\_\_, and that causes stated above, (I) (we) (did) (did not) view the bady ofter death. and that in (my) (our) opinion death occurred on the date and have and from the 3 shauld 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. director, page 3 6-15-68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) W. SPIGGLE 126 N. SMALLWOOD ST., CUMB., MD. DR. 230. BURIAL, CREMATION, 23b. DAJE NAME OF CEMETERY OF CREMATORY. VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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1 1	F 5:	MARTLAND STATE DEPARTMENT OF HEALTH  2226 Film DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		07830 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	39245
HEALTH DEPT.		DECEASED NAME First Middle Lost 20. DATE KNOWN Month Do OF ESTI-  FRANKLIN MYERS OF ESTI-  DEATH MATER JUNE	Yeor 2b. HOUR
3 to 3 to 1 s	3. 9	HERBERT FRANKLIN MYERS  DEATH MATED JUNE  EX 4. RACE S. DATE OF BIRTH  6. AGE (In years lif under 1 Year if under 24 Hrs last birthday) Months Days Hours Min Month Day  Month D	9,1968LA
del	M	ale   White   2/17/18   50 yrs.     JUNE 9". 190	68°19 4
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-=0 = 6/	14. 1	Jacob Myers Margaret	Huffman
I within 24 In pencil in Exominer's File pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  16s, no, or unknown)   (If yes give wor or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS	1100.2.2.2.2.2.2
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ld be executed rd "pending" in Chief Medicol E. -transit permit. F		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ASPHYXIATION	BETWEEN ONSET AND DEATH MINUTES
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is certific te, writin forword ie used ov removal,	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO
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cal Examiner: execute the cert or. Page 4 should ed for your files. CTOR: Page 3 shou		22a. I certify that I taok charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X,	and in my opinion
ICAL E executor. Paped for ECTOR: burriol,	0	death resulted from: Natural causes X, Accident X, Suicide , Hamicide , Undetermined manner	]
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07836 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) JUN Month the funeral 1968 O'HAVER WILLIAM 1:20P A. IF UNDER 1 YEAR IF LINDER 24 HRS requires that the death certificate be executed within 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) erely filled in by the ru MONTHS DAYS pon papers. Pages within 72 hours aft MALE WHITE 69 JUNE 12 1898 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED USA WIDOWED [ DIVORCED | MARYLAND ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) CUMBERLAND HEART HOSPITAL omp. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? a buriol, cremation, or removal, and in ony event, 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY MARYLAND pleose remove ALLEGANY WESTERNPORT 119 MC KINLEY ST 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle First Middle O'HAVER STARKEY RACHEL O'HAVER JOHN 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, poor unknawn) 214-03-1731 HOSPITAL RECORD, CUMBERLAND, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) H\_EART\_FAILURE 3 WEEKS DUE TO, OR AS A CONSEQUENCE OF signed by the c buriol-transit pe 2 YEARS Canditians, if any, which gave) COR PULMONALE rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. 10 YEARS stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been s Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [X] YES 🗀 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. Stote Dept. of director, page 3 should be detoched should be filed with the Stote Dept. of (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) ettended the deceased from FUNERAL DIRECTOR: After and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_ causes stated abaye, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 168 22b. SIGNATURE MED. DIRECTOR DEGREE PHYS 62 GREEN \$22 ADDRESS CUMBERLAND, MD M.D. 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE (Caunty) REMOVAL (Specify) Md\_ 6/14/68/ Philos Westernport ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Michely Westernport, Md. 30M REVO 1/68

MAKYLAND STATE DEPAKIMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR-STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First 20. DATE KNOWN Month Doy (Type or Print) ESTI-Charles William Parks 1968 1:30M DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 51 YRS Male. White Sept. 17, 1916 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH W. Va. Allegany U. S. A. WIDOWED | DIVORCED 8. Give Poges IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR I and 2 with the Sta forwarded to the Chief Medical Examiner's Office olong with during most of working life, even if retired.) give street oddress) Memorial Hosp. Cumberland. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER Maryland 13b. COUNTY Allegany Cresaptown. YES X NO 8 McKay Dr. 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Roscoe Parks Alexia Lake 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) 220-10-4630 Mrs. Anna R. Parks & McKay Dr. Cresaptown, Md within CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH HOURS CEREBRAL HEMORRHAGE, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove HYPERTENSION rise to immediate couse (a), should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE 22a. I certify that I took charge af the remains described above, held an Autopsy , Inspection X, Inquiry X ond in my opinion death resulted fram: Natural causes X. Accident . Suicide . Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED June 21. DEPUTY MEDICAL EXAMINER 5 moy ro FUNE Health **EXAMINER'S** Benedict Skitarelic, M. D. ADDRESS(Street, city, town, or county) Rt. # 9 Cumb. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Cumberland, Allegany Restlawn Mem. Gardens 6/24/68 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Maryland

MAKTLAND STATE DEPAKTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Item 5, FilmGhol 6/14/68km CEPTIFICATE OF DEATH OF DEATH CERTIFICATE OF DEATH 2g. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR .IUNE Manth :30P M (Type ar print) RANKIN ALVIN H. S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. 4 RACE 6. AGE (In years 3. SEX last birthday) WHITE JAN. 22. 1968 MALE the attending physician and campletely tilled in byers sit permit. Then please remove carbon papers Pagnatian, ar remaval, and in any event, within 72 hours PHYSICIAN: The law requires that the death certificate be executed within 24 hours. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a, BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED ALLEGANY USA WIDOWED XX DIVORCED [ MARYLAND campletely filled in 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind af wark dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address ACRED HEART HOSP. during most of working life, even if retired.) INDUSTRYANESE CUMBERLAND, MD. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES X 175 MAPLE STREET ALLEGANY FROSTBURG 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Last Last RANKIN SHATZER **FRANCES JAMES** RANKIN Address 207 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yesmo ar unknawn) (If yes give war or dates of service) 213-10-4998 BETSY R. RANKIN, CUMBERLAND, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LEFT VENTRICULAR FAILURE 10 DAYS IMMEDIATE CAUSE (a) 2 YEARS Canditians, if any, which gave: burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ALLENDING FINESCO.

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) RECENT CVA 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO Y YES 🗍 with the State Dept, of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21e. PLACE OF INJURY City or Town County 21d. INJURY OCCURRED While Nat while at wark 4 - 26 19 68 ta 6 - 5 22a. I certify that (I) (this haspital) attended the deceased from.... , and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_\_\_\_19\_\_\_\_, and that causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 6-5-68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 62 GREEME ST/ CUMB., MD. 21502 R. W. BALLIN, MD. X 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL, CREMATION, PORTER CEMETERY JUNE 8. 1968 ECKHART. MD 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR JOSEPH R. DURST, FROSTBURG, MD.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Month Day Year (Type or Print) OF ESTI-GEORGE A. REUSCHLEIN IF LINDER 24 HRS 4 RACE 6. AGE (In years 2c DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR WHITE JUNE 10.1916 52 MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [ DIVORCED [ MARYLAND USA ALLEGANY land 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR gisater Hospital CUMBERLAND ABL 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 12 GRANT DRIVE LaVALE YES NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME VICTOR REUSCHLEUN ROSE MCCORMICK 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) MRS. ALICE REUSCHLEIN, LaVALE, MD. 214 07 2043 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS, RIGHT MINUTES DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove CORONARY SCLEROSIS rise ta immediate cause (o), shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YESSEY NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge af the remains described abave, held an Autapsy 💢, Inspection X, Inquiry X and in my apinian Natural causes . Accident . Suicide . Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER JUNE 23, 1968 5 may TO FUNE Health BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or countyMBERLAND, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BURIAL CREMATION 23d. LOCATION (City or Town) (County) June 26,1968 HILLCREST B URIAL PARK CUMBERLAND 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ocharles VR A15ME (5) CUMBERLAND, MD. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 07839 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07842 DECEASED-NAME First Last 2g. DATE OF DEATH 2b. HOUR (Type or print) HERMAN H. ROBISON 1968 requires that the deoth certificate be executed within 24 hours after de 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthday) attending physician ond completely filled in by the permit. Then please remave corbon popers. Page 2.1897 WHITE AUGUST MALE buriol-transit permit. Then please remave corbon popers. Poc buriol, crematian, or removol, and in any event, within 72 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED CRESAPTOWN . MD. **ALLEGANY** U.S.A. WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Railroad CUMBERLAND 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13b. COUNTY Mineral 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE YES NO 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last CAREY **EVANS** SOL OMEN ROBISON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) If yes give war or dates of service 705-07-6314 MEMORIAI CUMBERI AND, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY:

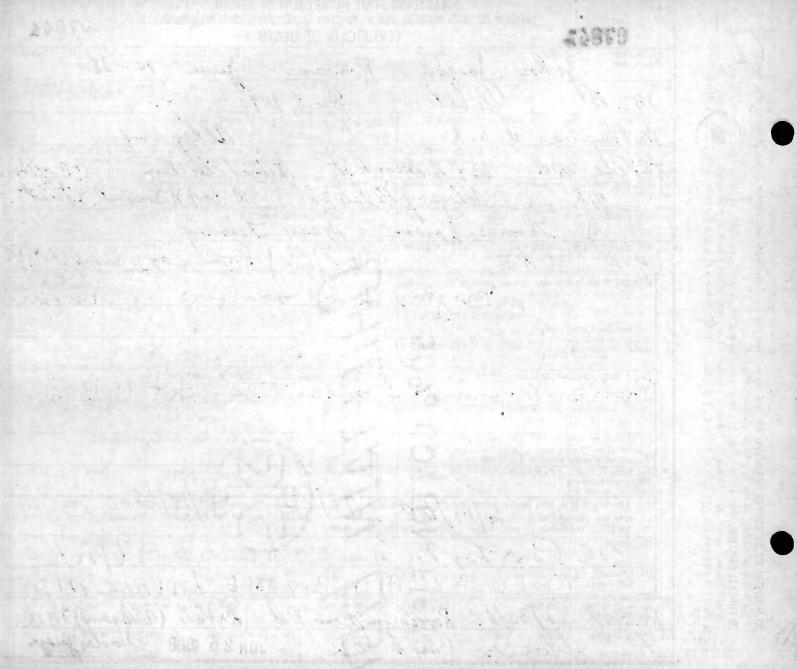
IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b hos been as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work TO FUNERAL DIRECTOR: After director, page 3 shauld be c 22a. I certify that (1) (this haspital) attended the deceased from\_ sow the deceosed glive on Cond that in (my) Tour) opinion death occurred on the date and haur and from the director, page 3 shauld should be filed with the 9 causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) CUMBERLAND. MD. SCHINDLER 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL CREMATION. (County) TREMOVAL (Specify) June 5,1968 Fort Ashby Cemetery Fort Ashby W. 24. FUNERAL DIRECTOR VR A15 [4] Scarpelli, Cumberland, Md. 30M REV, 1/68 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07844 CERTIFICATE OF DEATH 2g. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR death. (Type or print) Manth IF UNDER 24 HRS 3. SEX 4. RACE 6. AGE (In years IF LINDER 1 YEAR requires that the death certificate be executed within 24 haurs after last birthday) OAYS HOURS MONTHS 189 9. COUNTY OF DEATH 7o. BIRTHPLACE, (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED paper Nin 72 DIVORCED [ WIDOWED campletely filled 12a. USUAL OCCUPATION third at work done 10. CITY OR TOWAR OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hyspital 12b. KIND OF BUSINESS OR burial, crematian, ar removal, and in any event, wit carban 13e. STREET USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY 14. FATHER'S NAME Middle First Middle MOTHER'S MAIDEN NAME First Last and physician c Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMAN Yes, ng, ar unknown) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INAPART 1(o) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to OR ATTENDING PHYSICIAN: The law CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 200. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased glive on 2 19 , and and that in (my) (our) opinion death occurred an the date and haur ond from the saw the deceased glive on... be retained (we) (did) (did not) view the bady after death. couses stated abave, (1) 22b. SIGNATUR 22c. DATE/SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S **ADDRESS** NAME (Type) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION 23b. DAFE (County) VR A15 30M REV.



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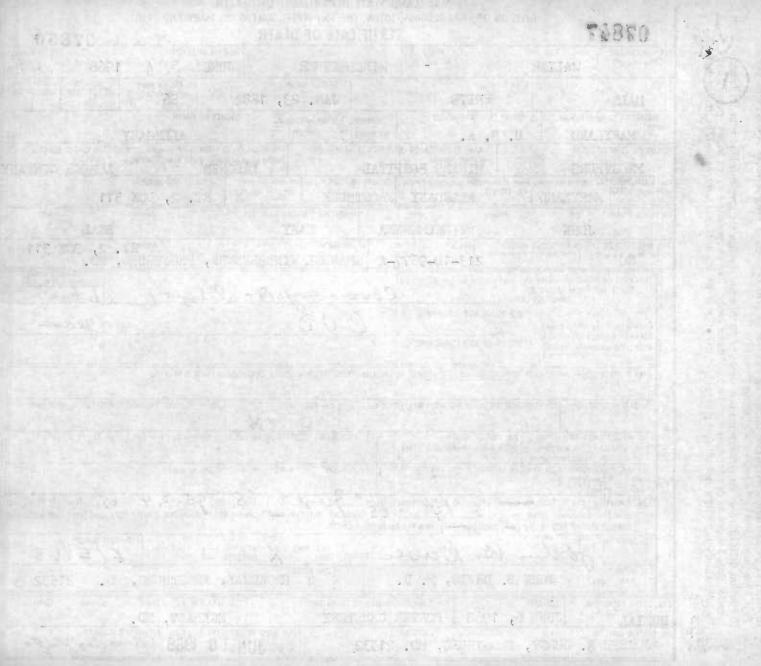
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR after death Month 4 (Type or print) WALTER WINEBRENNER JUNE 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR last birthday) JAN. 23, 1882 WHITE MALE requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED U. S. A. DIVORCED [ ALLEGANY campletely filled detached far use as the burial-transit permit. Then piease remave cuiuuii yut ie Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 12a. USUAL OCCUPATION (Kind af wark dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY FROSTBURG LUMBER COMPANY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY YES NO 3 ALLEGANY FROSTBURF RT. 2. BOX 311 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First WINEBRENNER MARY JOHN BEAL 16b. SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? BOX 311 (If yes give war ar dates of service) 213-10-9877-A Yes, na grunknawn) EMANUEL WINEBRENNER, FROSTBURG, MD. 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO X YES 🗌 FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. State City or Town County While Nat while at wark directar, page 3 shauld shauld be filed with the couses stated obave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. avia DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS JOHN B. DAVIS, M. D. BROADWAY, FROSTBURG, MD. 21532 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION (State) BUR LAL (Specify) JUNE 6, 1968 PORTER CEMETERY ECKHART, MD. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Villares JOSEPH R. DURST, FROSTBURG, MD. 21532

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